

INADEQUATE IRON SUPPLEMENTATION

(427E)

PARTICIPANT TYPE.....PREGNANT WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

Consumption of less than 27 mg of supplemental iron per day by pregnant women

ASK ABOUT:

- Attitude and knowledge about dietary supplements
- Barriers to obtaining a supplement (e.g., health beliefs, religious or cultural practices, finances, access to prenatal care)
- Dosage (many prenatal multivitamin preparations contain more than 30 mg/dose)
- How often she takes the supplement (i.e., does she forget or does she lack motivation)
- Tolerance of iron supplement (e.g., constipation, nausea, vertigo, gastric discomfort, difficulty swallowing capsules or tablets)
- Iron status (i.e., if she is anemic, a higher dose of iron may be warranted)
- Primary care provider's recommendation about iron supplementation

NUTRITION COUNSELING/EDUCATION TOPICS:

- Explain how iron needs increase significantly during pregnancy due to increased blood volume and that these increased needs cannot be met by diet alone. Iron is important for her body and for her growing baby.
- Describe how inadequate iron intake can lead to anemia. Anemia is associated with poor maternal weight gain, prematurity, low birth weight and infant mortality.
- Discuss strategies for remembering to take the iron supplement every day.
- Explain that side effects are most common with doses of 120 mg and higher. If side effects occur, they usually end after 3-5 days of taking the supplement. Describe strategies for reducing any gastrointestinal side effects:
 - Take before bedtime.
 - Take with food or drink (not with milk, coffee or tea.)
 - Take half a dose twice a day.
 - Try another form of iron that may be better tolerated.
- Encourage iron-rich foods (meats, dried beans and peas, dark green leafy vegetables, whole grain or enriched breads, and fortified cereals). Eating vitamin-C rich foods (citrus, melon and berries) at the same time as these iron-rich foods will also enhance iron absorption.
- Use safety caps and keep the iron supplement out of the reach of children.

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POSSIBLE REFERRALS:

- If swallowing capsules/tablets is of concern, refer to primary care provider for advice about trying a chewable or liquid preparation.
- If tolerance is of concern, refer to primary care provider for advice about trying a lower dose or a slow release iron preparation.